

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
10/009476  
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1		1			
3	1		1			
4	1		1			
5	1		1			
6			1			
7			1			
8			1			
9			1			
10			1			
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50						
TOTAL IND.	5		1			
TOTAL DEP.	0	←	10	←		←
TOTAL CLAIMS	5		11			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				↓		
TOTAL DEP.		←		↓		←
TOTAL CLAIMS				↓		←

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
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